MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH.

図63-024431

State Stat	DO NOT WRITE	E AMENDED					gistration District No	<u> </u>	nary Regis	tration Dist	rict N/ 002	Registrar's Ņo	<u> 34 </u>	9	STATE FILE N	UMBER
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NOT WHILE AT WORK Death occurred at 1:45 Ph. mon the date stated above, and to the best of my knowledge, from the causes stated. ON		히	11		1	8	PART II.	OTHER SIGNIFICANT C	ONDITIO	NS CONTRI	BUTING TO DEAT	IH but not related to	o the terminal	PART		
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The state of the state of the best of my knowledge, from the causes stated. County Count		<u> </u>						Month Day: Year								
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33s. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) REMOVAL (Specify) ADDRESS Mellody-McGilley-Eylar 20 W. Linwood 6-1/63 Mt. Olivet Cemetery Experimental Director Mellody-McGilley-Eylar 20 W. Linwood 6-1/63 Mellody-McGilley-Eylar 20 W. Linwood 6-1/63 Mellody-McGilley-Eylar 20 W. Linwood 6-1/63	4 4				1			. , , , , , '7	H.		m on th	1			wledge, from the	causes stated.
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ABUTIAL 6-21-63 INT. Offive Celle Lefy ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Mellody-McGilley-Eylar 20 W. Linwood 6-2/-63 Mellody-McGilley-Eylar 20 W. Linwood 6-2/-63	•	<u> </u>	+	+	Ⅎ℥ℾ	333	BURIAL, CREMATION,	, 23b. DATE	Asc.			1			•	(State) '
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(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Student Embalmer No._ working under my personal supervision. Student_ Signature of Student Embalmer Licensed Embalmer No._

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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